



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Lum	Lori Ann	C.	(808) 544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Flr.			(808) 544-8399
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Watanabe Ing Kawashima & Komeiji LLP			(808) 544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Flr.			(808) 544-8399
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Longs Drug Stores			(925) 210-6889
MAILING ADDRESS (Street)			FAX
141 North Civic Drive			(925) 210-6887
(City)	(State)	(Zip Code)	
Walnut Creek	CA	94596	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Lori Ann C. Lum			(808) 544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Flr.			(808) 544-8399
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

JAN 16 2003

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Alan J. Pope, Esq.	Vice President & Assistant General Counsel

NAME OF ORGANIZATION (if applicable)

Longs Drug Stores

TELEPHONE

(925) 210-6889

MAILING ADDRESS (Street)

141 North Civic Drive

FAX

(925) 210-6887

(City)

Walnut Creek

(State)

CA

(Zip Code)

94596

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

1-7-03
(Date)